

## BEST PRACTICES FOR BDDS DISTRICT 4 OASIS PILOT – CHECKSHEET ATTACHMENT #1

**BEST PRACTICE CRITERIA:** There are five primary criteria which DDRS would like to use for determining best practice.

1. Are you healthy and well? People have different health care needs, and may be in various states of well-being. The key questions are:

Key Questions	Yes	No	Does not apply	Comments
• Do you have any health conditions that have not received attention and care?				
• Have you experienced more than two (2) unanticipated emergency room visits for serious illness or injury during the past year?				
• If you have specialized medical equipment (to include respirators, wheelchairs, communication devices, etc.), are people supporting you knowledgeable of your needs and how to manage and maintain your equipment?				
• Do you have access to special therapies (such as occupation, speech, or physical therapy) when you need them?				
• If you have a high risk plan, is it consistently implemented?				
• If you participate in any health improvement programs, diet or exercise activities, are you satisfied with the experience?				
• Do you have uncontrolled seizures?				
• If you are receiving psychotropic medications, do you have a current behavioral support plan and are people monitoring it for you?				

2. Are you safe and free from harm: People have different levels of acceptable risk, and may engage with their environment in various ways. The key questions are:

Key Questions	Yes	No	Does not apply	Comments
• Have you had any serious injuries or accidents in the past year?				
• Do you live and work in a safe community?				
• Has anyone exploited you or stolen your property in the past year?				
• Have you been involved in an incident which has required state investigation?				
• If you participate in any personal safety training, are you satisfied with the experience?				

3. Do you live in a stable home situation: Stable home life involves both the people with whom you live, the staff who support you, as well as where you live. The key questions are:

Key Questions	Yes	No	Does not apply	Comments
• Have you moved to a new home in the past year?				
• Have you changed roommates in the past year?				
• In the past year, have more than 25% of the direct care staff who support you left?				
• Do you have personal privacy in your home?				
• Do you have a choice in the home furnishings and decorations?				
• Do you participate in selecting the menu and/or preparing meals?				

4. Do you have sufficient personal income: Whether you earn money from a job or are able to save money by other means, these questions focus on whether you have “spending money” and how easily you can access it. The key questions are:

Key Questions	Yes	No	Does not apply	Comments
• Do you have money to participate in outings on a weekly basis?				
• Do you have a job that pays you a wage?				
• Are you able to access your personal funds when you want?				
• Do you have a savings plan and / or bank account?				
• Do you own any personal possessions with a value of over \$500?				
• Do you have a guardian or family member that can provide financial advice?				

5. Are you generally satisfied with your life: These questions focus on two key points. When you make a decision, do other people respect your choices? And, do you feel valued and included in your community? The key questions are:

Key Questions	Yes	No	Does not apply	Comments
• Are you able to spend time doing activities that you like to do?				
• On an average weekday, do you watch more than two (3) hours of television?				
• Do you feel that your choices are respected and taken seriously?				
• Do you have friends who are not paid to take care of				

you, or who do not live with you?				
• Do you get to see your family as often as you wish?				
• Do you belong to any clubs, church or community groups?				
• Are you satisfied with your participation in recreational or social events in your community?				
• Do you participate in a volunteer activity in your community?				

Scale Questions	1 = not satisfied	2 = partially satisfied	3 = neutral	4 = mostly satisfied	5 = entirely satisfied
On a scale of 1 to 5, how satisfied are you with the services that you receive from your direct care staff and their agency?					
On a scale of 1 to 5, how satisfied are you with the services that you receive from your case manager?					
<b>Other Comments: Are there other aspects</b>					
Are there other important items that should be considered in the development of “best practices”?					

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NAME (Individual or Family Member)

\_\_\_\_\_  
Date

\_\_\_\_\_  
REVIEWER NAME

OTHER COMMENTS / NOTES:

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